



Employment Security Department
WASHINGTON STATE

**Application for Self Employment
Assistance Program**

TeleCenter

BYE

Name

Social Security Number

Telephone Number
()

Claimant's Name and Address:

Return this form by mail to:

**Employment Security Department
CAT/Training Benefits Unit
King County TeleCenter
P.O. Box 47076
Seattle, WA 98146-7076**

This information is needed to make a decision on your unemployment claim. After receiving your response, if we need additional information we will contact you by phone.

You have the right to an interview by telephone or in person before a decision is made. If you want an interview, contact the TeleCenter. You may have any person, including an attorney, assist you at the interview. You may present evidence, documents, or witnesses; cross-examine witnesses or parties present; and ask for a copy of all records or documents on the issue.

Please complete and return this questionnaire to the address above.

You may be eligible to attend a commissioner-approved self-employment assistance program and receive your unemployment benefits. For a list of approved providers, see www.seap.go2ui.com or contact your WorkSource office.

If approved, you do not have to look for work while participating. We will decide if you can be approved based on your answers to these questions.

Note: We do not pay for books, tuition or program related fees. Approval does not extend the number of weeks you can collect unemployment benefits. Your unemployment benefits may run out before the end of your program. If you have any questions call the CAT/Training Benefit Unit at 877-600-7701.

Section 1 -- Self-Employment Program Information

1. Program provider information:

Name: _____

Address: _____

Phone: _____

Program contact person: _____

2. Program start date: _____

3. Program end date: _____

Name

Social Security Number

Section 2 -- Work Search Information

1. Did you look for work during the last two weeks? Yes ☐ No ☐

If yes, list contacts made:

Date	Employer Name	Employer Address

2. During the last two weeks, did you participate in any job search activity(s) through your WorkSource office or local employment center instead of making job search contacts with employers? Yes ☐ No ☐

If yes, please provide the following information about each job search activity you participated in:

Date	Activity	Office	Results

Name

Social Security Number

Section 3 -- Applicant Certification

I am applying for approval to participate in a self-employment assistance program. I understand this information may be verified and that I must promptly report any changes in the above conditions to the CAT/Training Benefit Unit at 877-600-7701.

I authorize my self-employment assistance program provider to release information to the Employment Security Department about my enrollment and participation in the program.

I understand that I must continue to seek work until I am notified that I am approved.

I understand that I cannot directly compete with my last employer for a period not to exceed one year after completion of my program.

The information I provided is true to the best of my knowledge.

Signature: _____

Date: _____ Phone: _____

Program Provider Certification

I have reviewed Section 1, **Self-Employment Program Information**, of this application. The information provided is correct to the best of my knowledge. We find the applicant has the skills, ability, aptitude and resources to successfully complete our self-employment assistance program.

We will certify to the applicant's participation in our program as required.

Signature _____ Date _____

Title/Position _____ Phone _____